U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| Land Control C | | | |
|--|--|--|--|
| 1. File Number U - 12/12 | 2. Fiscal Year Covered From: | | |
| | [/ [/ 04] Through: [2 / 3] / 94 | | |
| 3. Name and address of person filing. | Name, file number, and address of labor organization. | | |
| Name GARY C ROMAINOWSK! | Name ZOCAL 172 LABORERS | | |
| | Labor Organization File Number | | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any | | |
| Street 977 RICHARD RD | Street Goy BORDENTOWN RD. | | |
| City BAYVILLE | City FREATON | | |
| State | State 122 ZIP Code + 4 086/0 | | |
| 5. Position in labor organization. AuD/to3 | Instruments in the property of the Assertation of t | | |
| F7.50 H. J. 6018 | | | |
| Enter appropriate data below if, during the past fiscal year, you or your spou | se or minor child directly or indirectly had any of the following interests | | |
| (except as specified in the exclusion | sions set forth in the instructions): | | |
| A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization | derived income or other economic benefit of on represents or is actively seeking to represent. | | |
| Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. | | |
| ` | r.a. require of interest, Transaction, or income. | | |
| Name | r.a. Nature of Interest, Transaction, or Income. | | |
| ` | r.a. Nature of Interest, Transaction, or Income. | | |
| Name Trade Name, if any: | r.a. Nature of Interest, Transaction, or Income. | | |
| Name | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. | | |
| Name Trade Name, if any: | | | |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any | | | |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City | | | |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street | | | |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signa | 7.b. Amount. | | |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7.b. Amount. Sture Perjury and other applicable penalties of the law, that all of the information and documents) has been examined by the significant and the information and documents. | | |
| Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signa 15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompany): | 7.b. Amount. Sture Perjury and other applicable penalties of the law, that all of the information and documents) has been examined by the sign that all of the information and documents. | | |

| Name of Person Filing GARY C. ROMANOWS | sk/ | File Number U- | |
|---|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptant of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization. | erwise dealing with the business clively seeking to represent, or | S | |
| 8. Name and address of Business (including trade name, if any). Name ZABOKERS HEALTH & SAFETY FUNCTION Trade Name, if any: | 9. Business deals with: a. Labor Organizat b. Trust c. Employer | tion | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | A W D S C W W 11.b. Approximate dollar value 12.a. Nature of interest held | HEALTH & SAFETY TO RELATED FUNDATORY EMPLOY/ERS of such dealing. or income received. | |
| ZIF COUGHT 4 | FROM THE AT ATOC See Addendum A. | RECEIVED FACKEY FUND ESTIMATED | |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | | | |
| I3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: | 14.a. Nature of payment. | | |
| P.O. Box, Bldg., Room No., if any Street City | | The state of the s | |
| State ZIP Code + 4 | and the state of t | | |
| 13.b. Is the Business an Employer or Consultant? | 14.b. Amount of payment. | | |

PARENT ORGANIZATION:
LABORERS INTERNATIONAL UNION OF NORTH AMERICA

@**(€**\$\$) -11





AFFILIATED WITH:

AMERICAN FEDERATION OF LABOR-CIO

NJ HEAVY & GENERAL CONSTRUCTION

LABORERS' DISTRICT COUNCIL

NJ STATE BUILDING TRADES COUNCIL

172 OF SOUTH JERSEY

CONSTRUCTION AND GENERAL LABORER'S UNION

(609) 291-9100 • Raymond M. Pocino Building • 604 Bordentown Rd., Trenton, NJ 08610 • FAX (609) 291-0158

E. FRANK DI ANTONIO

President & Business Manager

Addenda To The LM-30

ANTHONY CAPACCIO

Secretary-Treasurer

LACEY WALKER
Vice President

DEREK WEBER

Recording Secretary

NABIH SHEHATA Executive Board

DONALD LANAHAN

Executive Board

JOSEPH DE MARCO, JR. Executive Board

FRANK A. DI ANTONIO Sergeant-at-Arms

GARY ROMANOWSKI

Auditor

BRENDAN ROSENBERG Auditor

RUSSELL DAVIS
Auditor

Addendum A (Unsolicited Gifts or Promotional Items)

In 2004, I recall that I was given a jacket from the New Jersey Laborers Health & Safety Trust as a complimentary promotional item while attending a Conference. At no time did I solicit the item. I have no knowledge as to the exact value of the jacket.

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August 12, 2005

E. FRANK DI ANTONIO President & Business Manager

ANTHONY CAPACCIO Secretary-Treasurer

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Vice President

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U. S. Department of Labor Employee Standards Administration Office of Labor Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, D.C. 20210

Re: Form LM-30 Filing for Gary C. Romanowski

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records and relied upon my best recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that an employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that in that circumstance I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of reportable events in 2004.

Sincerely,

Gary C. Romanowski Auditor Lamelh